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OCTOBER 21, 1947

Town Meeting

BULLETIN OF AMERICA'S TOWN MEETING OF THE AIR
BROADCAST BY STATIONS OF THE AMERICAN BROADCASTING CO.

How Can We Keep America's Economy Free and Strong?

Guest Moderator, IRVING M. IVES

Speakers

JOHN W. GIBSON
GEORGE L. BERRY
BENJAMIN FAIRLESS
ERIC A. JOHNSTON

(See also page 12)

COMING

——October 28, 1947——

What Should Be Done About Palestine Now?

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THE BROADCAST OF OCTOBER 21:

"How Can We Keep America's Economy Free and Strong?"

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THE BROADCAST OF OCTOBER 28:

"What Should Be Done About Palestine Now?"

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Town Meeting

BULLETIN OF AMERICA'S TOWN MEETING OF THE AIR

GEORGE V. DENNY, JR., MODERATOR

OCTOBER 21, 1947 VOL. 13, No. 26

How Can We Keep America's Economy Free and Strong?

Announcer:

Tonight your Town Meeting joins its New York sponsor, the *New York Herald-Tribune,* here at the Waldorf-Astoria for a discussion which is a part of the 16th Annual *New York Herald-Tribune* Forum. Outstanding speakers of national and international reputation are participating in this Forum which began yesterday and ends tomorrow with a program keynoted by General Marshall. Here in the grand ballroom of the Waldorf-Astoria, Mr. Whitelaw Reid, editor of the *New York Herald Tribune,* will present the moderator.

Mr. Reid:

We are fortunate to have tonight's labor management discussion in the hands of a man who has been consistently objective in his work on human relations, first during his long service in the State Legislature where he was responsible for the passage of the Fair Employment Practice Commission and now in the National Senate where his stand on the Taft-Hartley Act has been criticized by both sides—a healthy sign that he acted independently without considering any special interest. In the absence of Town Hall's regular moderator, Mr. George V. Denny, Jr., our guest moderator will be the Honorable Irving Ives, Republican Senator. Mr. Ives. *(Applause.)*

Senator Ives:

Thank you, Mr. Reid.

It gives me great pleasure to appear on this Town Meeting and to have this chance to appear on an occasion when Town Meeting is incorporated with the 16th Annual *New York Herald-Tribune* Forum. I think that is a remarkable combination. As stated by the Town Crier, the question for discussion is "How Can We Keep

America's Economy Free and Strong?"

Obviously, the great problem facing us today is how to obtain greater production. In truth, the great problem of the future seems to be how to have increasing productivity; how to get the fullest production from the man or woman in the shop; how, for this purpose, the know-how of management can best be utilized; how in this endeavor, ownership can best give support.

These are questions for which proper answers must be found if we in America are to enjoy future prosperity and happiness.

Can the relationship among labor, management, and ownership bring about these results through the exercise of the voluntary processes?

Can we meet the demand for goods both at home and abroad without new government controls?

Can we have such controls without greater government control over labor-management relations?

Our four distinguished guest speakers representing business, management, labor, and government, in their consideration of the main question, will discuss some of these other questions which I have raised. We expect that out of this discussion will come general agreement on at least a few fundamentals, and that our effort tonight will help to clarify some of the grave issues and problems now confronting the Americ people.

Our first speaker is a form president of the Michigan Sta Council of the Congress of I dustrial Organizations. He w chairman of the Department Labor and Industry of the Sta of Michigan from 1941 to 19 and has a distinguished record achievement in the establishme of industrial health and safe programs. I present Mr. John Gibson, Assistant Secretary Labor. Mr. Gibson. *(Applaus*

Mr. Gibson:

Thank you, Mr. Chairman. we are going to answer the qu tion, "How Can We Keep Am ica's Economy Free and Strong we ought to be able to tell o listeners what we mean when say strong and free economy, sir these words may, and possibly d mean different things of each of

A strong economy should me the need of all the people, t mill, mine, and factory worke clerks, stenographers, farmers, d tors, lawyers, merchants, teache and managers. It must give of them employment and incom which will provide at the ve least, a decent standard of livi as we understand a decent standa of living in this country. E ployment and income, at the levels, must be permanent.

A free economy should prote and guarantee the rights of t individual to enter any business

wants, to work at any trade or occupation, to set a fair value on his goods or services, to sell or refuse his goods or services, to work or refuse to work. The United States is one of the few countries left in the world trying to preserve these essential freedoms.

In all countries people undoubtedly want to attain our standard of living even if they are willing temporarily, at least, to settle for less. The difference is that many of them believe they cannot have a strong economy except at the expense of their personal freedom.

In this country, we believe that our economy can be both strong and free. Freedom does not mean that everybody can do anything and everything he feels like doing. Freedom imposes on each of us certain restraints and obligations. In a simple economy, it's enough to say "you can't steal" or "you can't cheat," but in the kind of a complicated economy we have today, with its world as well as its domestic ramifications, the rules become more complex. But the economy is still free because the restraints are self-imposed and enforced by the people through responsible, representative government and the people can change the rules when they see fit.

A free economy, then, is a strong economy. If profits are fair, there'll be incentive to expand production, which is one way to raise our standard of living. If wages are high enough, workers will have the purchasing power to buy goods they produce and to enjoy the kind of standard of living they're creating with their work. Prices determine how large profits will be and how much wages will buy. They are interdependent. If one of them gets out of balance the whole economy is affected.

How do the four P's of our economy—prices, profits, production, and paychecks—line up today? Production is at the highest peace-time level in history. Despite this fact we have many shortages at home and find it difficult to supply the things the rest of the world needs to achieve a healthy and stable economy. It was the removal of price controls before supply and demand became more nearly equalized that sent prices skyward. As a result, profits and retail prices are the highest on record. But we are weak in the payroll department because wages have lagged behind prices and have not been able to catch up.

Wages have not been the primary cause of price increases. On the contrary, price increases have been the greatest in agricultural products, on commodity exchanges, where wages are a negligible factor. Even in these products where industrial wages are an important element in production,

such as coal, steel, and processed foods, price rises have exceeded wage increases granted. Part of the price increase has gone to pay for speculative increases in the costs of scrap steel, grains, cotton, and other basic raw materials, and part has gone into the highest profits ever earned by American industry.

As a matter of fact, wage increases were necessary to maintain the purchasing power of millions of workers. Wage increases strengthened our economy and helped to keep more than 60 millions of our people at work. Otherwise, you and I might be discussing another question—"Shall we revive WPA?"

Are we not going to be able to maintain full employment unless we expand our productive capacity for domestic and world needs? Industry must use its great profits for plant expansion. The surest way business and industry can bring on a depression is to hoard its profits against possible depression.

So long as demand greatly exceeds supply and a sellers' market instead of a buyers' market exists, there will continue to be a one-way pressure on prices, which are bound to go even higher. During this emergency, we Americans must face the issue tonight's program has raised: Can we make a set of emergency rules that will restore and maintain the balance between the four P's of our economy prices, profits, production, a pay checks — without interfer with our essential freedom? *(A plause.)*

Moderator Ives:

Thank you, Mr. Gibson. T next speaker is a former sch teacher, having worked his w through college by teaching. profession, however, he's a c engineer, who aside from a per of time when he was engaged railroading, has devoted his reer almost exclusively to the st industry. He is now president the United States Steel Corpo tion. I present Mr. Benjamin Fairless. Mr. Fairless. *(Applaus*

Mr. Fairless:

Mr. Chairman, ladies and g tlemen. Mr. Gibson, there is matter which is fundamental t free and strong America—it i sound labor-management relati ship. You said little on that poi I have been asked to speak toni on management's responsibility labor relations. I am glad to so and to be specific and defin

Unless we reach understandi between labor and management will become increasingly diffic to keep America strong and f

My creed is a very simple o

I believe in a free society.

I believe that rights and p ileges must be balanced by du and responsibilities.

I believe that through such h

ance all will be assured a fair opportunity for freedom.

I believe, too, that in this way we can prevent abuse from concentration of power.

I believe in a governmental atmosphere in which all people have maximum freedom to work together in the common interest.

I believe, however, in such restraints as may be needed to protect the welfare of all.

Finally, I believe that it is the responsibility of management in labor relations to be intelligent, fair, and efficient. I believe that by so being management may best help bring about a consistently rising standard of living for all.

But these are just words. We need more than words from both management and labor. Attitudes behind words are important. My attitude and the management policy of United States Steel is not phrased only in nice-sounding words. It is given expression in the labor agreements entered into last April between United Steelworkers of America and the steel producing subsidiaries of United States Steel.

The first section of those agreements is important. It sets forth that our purpose is the promotion of peaceful relations with employees, uninterrupted steel production, and the highest level of performance consistent with safety, good health, and sustained effort.

The agreement commits the company and the union to the mutual encouragement of the highest possible degree of free, cooperative relationships between their respective representatives at all levels and with and between all employees.

The officers of the companies and the union flatly set forth their realization that this goal depends on more than words, that it depends primarily on attitudes between people in the companies and the union and at all levels of responsibility.

Management and the union have agreed that those proper attitudes must be based on full understanding of and regard for the respective rights and responsibilities of both the company and the union. They have set forth that these attitudes are most important in the plant in the day-to-day operation and administration of the labor agreement. The agreement declares that both the company and union officials believe that the attitude sought will be encouraged when it is clear that there is no anti-union nor anti-company feeling on the part of the top officials of either the companies or the union.

The agreement says that both company and union officials are sincerely concerned with the best interests and the well-being of the business and of all the employees.

Let me assure you these are not just words. We've done something

about it. The agreement stipulates that there must be quarterly meetings between company and union officials. It says that such meetings will demonstrate a sincere attempt to accomplish good industrial relations. It goes on to say that the company and union officials believe that they, as men of good will, with sound purpose, may by this procedure, best protect private enterprise and its efficiency as well as the legitimate interests of their respective organizations within the framework of a democratic society in which regard for facts and fairness is essential.

We do not believe that an agreement can be negotiated every year or two years, without careful appraisal in the meantime by both sides of the way it works. We are getting together in the meantime. Mr. Murray and I, together with associates, will from time to time review our problems.

Certainly this spirit of understanding and the way we are implementing it should assure cooperative labor-management relations in United States Steel. There you have my creed and its practical applications. It will surprise me if we do not find out that many matters, which on the surface may appear conflicting, will be found to be identical. There must be mutual understanding and regard for fact in any joint relationship. We must outlaw prejudice and competitive political maneuverings. Management in United Sta Steel is dedicated to this creed a its application. If through cont and understanding we can be s cessful, the result will mean creased benefits to labor, capit and management, and to the g eral public served by them. *(A plause.)*

Moderator Ives:

Thank you, Mr. Fairless. C third speaker is a veteran World War I, and an expert labor problems both at home a in Europe. He has spent t greater portion of his life in t study of these problems. He h occupied important governmen positions and is a former Unit States Senator from the State Tennessee. I present Major Geo L. Berry, president of the Int national Pressmen and Assista Union of North America. Ma Berry. *(Applause.)*

Major Berry:

I am certain that all present w be happy to know of the very s stantial progress made with t United States Steel Corporati and its employees. While nothi was said with reference to arbit tion, I am taking the liberty congratulating Mr. Fairless and present to you here, an exam of the effectiveness of cooperati between the newspaper magaz *Industrial America* and the Int national Pressmen's Union wh I have the honor to represe

Our text, of course, is that we assert that our liberties and freedom of action, and the fundamental basis upon which democracy rests is free enterprise.

We assert that initiative and pioneership are inherent and instinctive in the life of man, and any attempt to abridge it is in contravention to the planning of man.

The United States has been blessed with the type of freedom that has made creative enterprise and the type of progress that is without parallel in the history of mankind. No one can doubt the accuracy of this statement when on this day the whole world looks to the United States for aid and comfort through our industrial and agricultural economy.

The foundation upon which our economic successes rests is in the recognition of the fact that in free enterprise we have three inseparable human units — the investor, management, and labor. The elimination of even one of the tripartite arrangement would destroy the whole of enterprise.

Of course, differences arise between the investor and management as to the equities involved in the distribution of the wealth that they create. There are times when one or more of the trio undertakes to accept unto themselves by different processes of force a share of the wealth jointly created which is not justified by the facts, and thus wasteful results ensue.

The International Pressmen's Union has undertaken to meet these weaknesses, and has in consequence, established a policy of arbitration between the American Newspaper Publishers Association and our organization.

For more than forty years we have had an international arbitration agreement with the American Newspaper Publishers Association and local contractual committals for arbitration in the commercial and specialty fields, and we are now in the processes of extending these agreements for an additional five-year period. Our joint interest — the industry — has progressed and those who are dependent upon it and its prosperity and stability have prospered.

The results from the policy referred to must of necessity be the answer, and the answer is:

1. That this organization has grown to be the largest printing trades union in the world.

2. That it has received in compensation rates and over-all conditions of employment, the highest standards of any printing trades union in the world.

During this long tenure of peace, we have been able to save our moneys and expend them judiciously, and today, we have the largest technical trade school in the world dedicated to printing.

We have our tubercular sanitorium, home for aged and incapacitated members of the union,

our mortuary fund, and pension system. The town in which our offices and institutions are located are named for the Pressman's International Union. Thus we have saved our moneys as a result of peace. We have invested them in the name of humanity and education. We pride ourselves on being a true and genuine American trade union. *(Applause.)*

Moderator Ives:

Thank you, Major Berry. Our last speaker is a well known and highly regarded American both at home and abroad. A manufacturer by profession, he is a former president of the United States Chamber of Commerce and is now president of the Motion Picture Association of America. I present Mr. Eric Johnston. *(Applause.)*

Mr. Johnston:

Senator Ives, my friends in this audience and on the air. I'm the fourth speaker on this program, and there's no good in the number four. In a horse race, you pay only to win, to place and to show. In a bridge game, it's three that have all the fun—the fourth is, well, he's only a dummy. *(Laughter.)*

I don't know why they have a fourth speaker tonight. It's probably to pass the praises to the three speakers who have preceded me. I can do that with a great deal of gusto. But I can also be like Lujack of Notre Dame and kick a little as well.

I agree with the gentlemen who have preceded me that industrial peace is the cornerstone of a free and a strong economy. We all know that conflict within has destroyed more nations than the enemy from without. Our Nation cannot long remain free and strong if class conflict and industrial warfare sap the strength and draws the blood from our economic system.

But industrial peace is not an end in itself. Management and labor might get along together as well as a couple of lovebirds, but that doesn't always mean that the economy is either strong or free. It is conceivable that they might conspire together against the consumer, and sometimes they have.

The end product of industry must be greater production and a higher standard of living for all our people. The only way to increase our standard of living is through increased production per man hour—higher productivity.

Now, what do I mean by higher productivity? I mean greater production of wealth.

The wealth of the world has been destroyed—hundreds of billions of dollars worth of it—by war. If we're going to regain what we had before the war, let alone increase the standard of living of the peoples of the world we must produce more wealth.

By increasing production, I do not mean speed-up systems or slave labor. Increased productivity comes from three sources — the better skills of labor, the improved technological know-how of management and from better machines.

The world looks with amazement on the American performance of doubling our standard of living in the last forty years. We can double it again, and we can do it in half the time. In twenty years—if we continue to increase our productivity — every man, woman and child of us can be twice as well off as we are today.

The challenge today is to move forward forcibly, with increased production. The challenge was never greater. It is unmistakable and it must be done. We live today in a planet of two worlds. One world led by Russia is promoting revolution, chaos, and class struggle. America, the acknowledged leader of the other world, is promoting jobs, freedom and recovery.

Never before have there been two worlds so diametrically opposed in word and in deed. This world role of ours gives us a big job to do—the biggest job we've ever had. It's this—to fortify our system, to keep it strong and to keep it free, to give everyone a greater opportunity for a greater stake and status in our system.

We want a strong America, for our own sakes. We must have a strong America to assist other nations who look to us for leadership. I believe that we can fortify our system to remain strong and free, and in so-doing be the greatest single force for peace.

Now, that's easy to say, but the question is—How? I know of no five-minute formula. I don't think I can give it to you in ten easy lessons. Our main goal is to give us a more stable economy by whittling down the extremes of booms and busts, and there are specific things that we can do about that.

Our opponents abroad tell us that they have the answer to a stable economy, and confidentially they have—the Russian economy has been stable throughout her entire history. She's had a permanent depression. *(Laughter and applause.)*

We can't completely eliminate some ups and downs in a free economy. We can provide greater stability and security. It is security and stability that people want today. Fear of another depression is the big hangover from the 1930's.

We are all familiar with the mechanical and legislative devices constantly being advanced as buffers against booms and busts. Some are good, some are bad.

I'm not going to labor over these devices against booms and busts; instead, I want to mention something else. We talk about a strong America in materialistic

THE SPEAKERS' COLUMN

IRVING M. IVES—Republican from New York State, Senator Ives was born in Bainbridge, N.Y., in 1896. He served in the U.S. Army during World War I, and resumed his education at Hamilton College after the war. For three years following his graduation he was with the Guaranty Trust Company. In 1923, he became affiliated with the Manufacturers Trust Co. and moved to Norwich, N. Y.

In 1930, Senator Ives, was elected to the State Legislature. Five years later he became Minority Leader. In 1936, he became Speaker of the Assembly and the following year returned to the floor to become Majority Leader. When the Legislature created the Joint Legislative Committee on Industrial and Labor Conditions in 1938, Senator Ives was elected chairman. Through his work with this committee, he came to be recognized as an authority on industrial and labor relations and conditions. Under his direction the textbook, *The American Story of Industrial and Labor Relations,* was prepared. Last fall, Senator Ives was elected to the United States Senate.

Senator Ives is best known for his part in the creation of the New York State Department of Commerce; the enactment of the Ives-Quinn Law prohibiting discrimination in employment because of race, creed, color, or national origin; and the establishment of the New York State School of Industrial and Labor Relations, which he now heads.

ERIC JOHNSTON — Mr. Johnston, now head of the Motion Picture Association of America, was formerly president of the U. S. Chamber of Commerce. Born in Washington, D.C., he is a graduate of the University of Washington with a degree in law. He organized and served as an officer of several business companies in Spokane, Washington, and was active in the Spokane Chamber of Commerce. From 1934 to 1941, he was a director of the U. S. Chamber of Commerce and in 1942 became its president.

Since September, 1945, Mr. Johnston has been president of the Motion Picture Producers and Distributors of America.

BENJAMIN F. FAIRLESS—Mr. Fairless, president of the United States Steel Corporation since January, 1938, attended Wooster College and was graduated in civil engineering at Ohio Northern University.

He began his business career in June, 1913, as a civil engineer for the Wheeling and Lake Erie Railroad. Later the same year he went to the Central Steel Company of Massillon, Ohio. There he became in turn mill superintendent, general superintendent, and vice president in charge of operations. When the United Alloy Steel Corporation and Central Steel merged in 1926, Mr. Fairless was appointed vice president and general manager. Later he became president and general manager.

When Central Alloy Steel and several others united in 1930 to form Republic Steel Corporation, Mr. Fairless was made executive vice president. In 1935, he was made president of the Carnegie-Illinois Steel Corporation. In 1937, he became president of the U. S. Steel Corporation.

JOHN W. GIBSON—Mr. Gibson joined the U. S. Department of Labor on August 1, 1945, and was named by President Truman on February 19, 1946, as the First Assistant Secretary of Labor.. Prior to his connection with the federal department, Mr. Gibson was president of the Michigan State Council of the Congress of Industrial Organizations. From 1941 to 1943, he served as chairman of the Department of Labor and Industries for the State of Michigan. During the war, Mr. Gibson was a member of two advisory committees of the WPB.

Long interested in the subject of industrial health and safety, Mr. Gibson was the first to organize a class in college safety training exclusively for union members. This was done at Wayne University in Detroit. He also was responsible for a number of important reforms in the operation of the workmen's compensation law.

GEORGE LEONARD BERRY—Major Berry, president of the International Printing Pressmen and Assistants Union of North America, has held every position in the printing office of various newspapers and publishing firms. He has held his present union office since June, 1907. He began his printing career at the age of nine. Major Berry served in World War I and after the war was appointed Labor Advisor on the American Commission to negotiate peace. While abroad, he made a study of Europe's labor problems which served as the basis for his book, *Labor Conditions Abroad.*

Major Berry was appointed by General Hugh S. Johnson as one of seven divisional administrators of the National Recovery Act. He assisted in the preparation of the Social Security Law. In 1937, he was appointed U. S. Senator from Tennessee to fill out the unexpired term caused by the death of Senator N. L. Bachman.

Major Berry organized the movement which made possible the Pressmen's Home in Tennessee. He has taken the lead in the advocacy of conciliation and arbitration in industry.

terms, but those are only a yardstick. Underlying everything else we need a sense of economic morality—a consciousness that freedom of choice and action must be measured by the yardstick of the common good.

As individuals and as members of economic groups within our system we are interdependent as never before. When any one economic segment in that system takes advantage of its power at the expense of the rest of us, the stability and security of the entire system is jeopardized.

Economic morality is no more impossibly idealistic than government by majority, protection of the rights of minorities; free elections, and equal justice through trial and jury and impartial courts. Those things once existed only in the dreams of a few men, but they became realities. They came to be accepted as a matter of fact, unchallenged, everlasting, a part of the very fiber of civilized man. Nowhere have those concepts reached greater acceptance, expression, and application than here in the United States of America.

It can be the same with economic morality. Indeed, it must be our strength if we are to continue to expand. Those who exercise freedom of choice, both individuals and groups, must measure their decisions by the yardstick of the common good. America can be strong if labor and management co-operate to produce. It can be free if it expands freedom to choose and act. It can be strong and free if we have an economic morality.

Never before in the history of the world were a people and geography thrown together under such favorable circumstances as here in the United States of America. It would look like a kindly Providence that had wrought this miracle was eagerly watching to see how man's capacity for grandeur was working out.

If we can remain strong and free, then we can continue to export freedom as we have since 1776 and we can continue to be the hope of the peoples of all the world. *(Applause.)*

Moderator Ives:

Thank you, Mr. Johnston. Now if the members of the quartette will kindly g r o u p themselves around these microphones, we'll go into a question period for them only. I think, Mr. Johnston, since you wound up the over-all discussion, perhaps you have a question with which to start the question period for your own members.

Mr. Johnston: May I ask Mr. Gibson a question? I believe in high levels of employment, opportunities, and jobs for all. But that means that labor has an unusual bargaining position with management because management must bid for labor. Is labor under these

circumstances desirous of getting all that they can or are they willing to accept wage increases based only on increased productivity per man hour?

Mr. Gibson: Well, in the first place, Mr. Johnston, I think it ought to be pointed out that there's a difference between full employment and high levels of employment. You use the term high levels of employment. That doesn't necessarily mean that management has to do any great bidding for manpower. I think, too, in the last year that we've had a sample of what that might mean. While we have had a high level of employment during the past few months, wages have gone up slightly over 15 per cent but prices have gone up something over 20 per cent.

Now wages to the worker are only good so far as they'll purchase things for him to buy and since that is the basic criteria for wages I don't think that workers are going to be willing to give up any bargaining power they might acquire through high levels of employment.

In answer to your last question which is increased productivity, individual worker initiative alone doesn't control productivity. It may be a factor, but it's not a controlling factor. Technological advancements and developments in industry, perhaps, play a much greater role than individual worker initiative, and I feel sure, sinc that's a fact, that workers woul not be willing to tie their futur wage levels solely to a question c increased productivity. Sub-stanc ard wages, too, cannot be deal with in that manner. *(Applause.*

Senator Ives: Do you have question you want to ask, M Gibson?

Mr. Gibson: Yes. I'd like t direct a question to Mr. Fairles One of the Nation's problems to day is steel. Steel shortages cor tinue to curtail production. Don we need an immediate substantia expansion of steel capacity?

Senator Ives: All right, M Fairless, it's yours.

Mr. Fairless: Mr. Gibson, I wa afraid you might not ask me thi question. *(Laughter.)* I'm s happy to answer it and I believ I have a satisfactory answer t your question.

First, it is true that the deman for many steel products is tem porarily in excess of current sup ply. However, the unprecedente demand for steel is gradually bein met by United States Steel an other steel companies. One of th principal difficulties of meetin present demand was the industry' loss of 18 million tons of stee production due to steel and coa strikes since V-J Day. *(Applause.*

Second, the management o United States Steel has never faile to increase its facilities to hel meet the steel needs of the country

We laid plans for substantial additions and improvements long before V-J Day and immediately thereafter began work on this program. Many additions and improvements are now nearing completion and many more will be finished in 1948 and '49.

In all, United States Steel has obligated itself to spend one-half billion dollars in construction of new facilities in steel. This money is being spent currently at the rate of 20 million dollars per month. This year United States Steel will produce 61 per cent more steel than it did in 1939, the last peacetime year before the war. Capacity of our mills was increased by two million tons or seven and one-quarter per cent during the early part of the war. Thus United States Steel has always endeavored and will continue to keep pace with the country's need for steel. *(Applause.)*

Senator Ives: How about a question from you, Mr. Fairless?

Mr. Fairless: I should like to ask Major Berry a question with respect to arbitration. My question is, in the event that the union and management fail to agree in respect to a wage increase, should that question be placed before arbitration?

Major Berry: Yes, our differences in matters of wages and working conditions have to go through the processes of local arbitration, and then finally to international arbitration. In the meantime, conditions existing at the time of the dispute continue uninterrupted, and the decision of international arbitration is final and binding.

Senator Ives: How about a question from you now? If you want to ask one you have a chance. You have no question. All right, that being the case, I want to thank you all for participating in this particular part of the program. While we are getting ready for the question period itself, here is the announcer.

Announcer: Friends, you are listening to America's most popular radio forum, America's Town Meeting of the Air. We are discussing the question, "How Can We Keep America's Economy Free and Strong?" This is one night you won't want to miss the printed copy of the entire broadcast, including the questions and answers to follow.

You may secure the Town Meeting Bulletin by sending 10 cents to Town Hall, New York 18, New York, to cover cost of printing and mailing. You may secure 11 issues for $1.00, or 26 issues for $2.35.

You may be interested to know the the United States Navy is using thousands of these Town Meeting Bulletins each week for the men in that branch of the Armed Services.

At the close of tonight's program, you will probably want to continue the discussion of this exciting and very important question. Why not make it a habit to have your own Town Meeting discussion group in your own hom club, school, or church every Tue day night? Remember, Tuesda night is Town Meeting night.

Now, for the question perio here is our moderator.

QUESTIONS, PLEASE!

Senator Ives: Now for a question from Mr. Hoffman.

Man: I have a question I'd like to address to Mr. Fairless. I will not ask him if I can get some steel. That might be just a little bit embarrassing. I would like to ask him if, in these meetings he has with Mr. Murray, all is sweetness and light. *(Laughter.)* I engage in union negotiations myself. *(Laughter.)*

Mr. Fairless: All right. Of course, Mr. Murray and I do not always see eye to eye. *(Laughter.)* I think the record is pretty clear with respect to that. We're both human, however. Everyone has disagreements, but we will, in our opinion, have many more disagreements if we do not meet and discuss our problems. Disagreements in many cases can be traced to lack of understanding. If this is true, and I believe it is, then to the extent that we can get the facts out in the open, the better our chances to settle our differences. *(Applause.)*

Senator Ives: Thank you very much, Mr. Fairless. I see Mr. Thurman Arnold has a question. Do you want to get up here at th microphone, Mr. Arnold? *(Ap plause.)*

Mr. Arnold: I'd address this t Mr. Gibson. Mr. Gibson, can w have free enterprise without th free movement of both goods an labor between the United Stat and Europe?

Mr. Gibson: That's a very goo question, Mr. Arnold. I personall feel that we can't have successfu free enterprise without an e change of goods and labor between the United States an Europe. I think it is one of th basic essentials that our econom was built upon. I think certain we have enough natural resourc and we should have enough pr ductive capacity to make an inte change that would both be helpf to us and to other countries in th world in their process of rehabil tation. *(Applause.)*

Senator Ives: Thank you, ve much, Mr. Gibson. I notice th Mr. Vladek has a question.

Mr. Vladeck: I have a questio for Mr. Johnston. In the light his question to Mr. Gibson, do he hold to the doctrine that i

creases in workers' level of income should be measured by productivity while business levels of profit are to be determined by what the market will bear? *(Applause.)*

Senator Ives: All right, Mr. Johnston.

Mr. Johnston: I think it is a contributing factor. I think it should be taken into consideration. Certainly I think that in industry workers should be paid according to their productivity. There are other factors to be considered as well, but productivity is one of the important factors that must be taken into consideration.

Senator Ives: Do any of our other guest speakers here tonight want to comment on that? I notice Dr. Mark Starr has a question. Do you want to come here, Dr. Starr?

Dr. Starr: I address a question to Mr. Johnston. It's just too bad in this atmosphere of self-congratulation and the love fest we're having tonight, that we are in danger of forgetting some of the grim realities outside. So I want to ask Mr. Johnston does he know, in this next to perfect system that he has outlined, that people are being evicted in Sunnyside tonight —soldiers who fought in the war—because we have failed to house them properly? Does he know that in New York a dollar ain't a dollar any more when we go out to buy foodstuffs? Will he moderate, or doesn't he think it wise to moderate, his self-satisfaction in view of our internal and our international problem?

Mr. Johnston: I didn't know I had any self-satisfaction, because I certainly do not. I'm simply saying that these are some of the things we might do. I recognize that housing is one of the great problems in America, and I think there is something that Government should and can do about it. I think it is one of the opportunities of Government to assist in seeing that people have homes. Government can't make homes, but it can build houses. We can't have a solid citizenry unless people have homes in which to live, and that's one of the things that government can do.

There are many faults in our economy. There are many things that can be done, but if we have the initiative of the individual, working with the tremendous organizing power of the state, then I think we can overcome many of these problems that face us today and remain strong and remain free. *(Applause.)*

Senator Ives: Thank you, very much, Mr. Johnston. This lady has indicated that she would like to be heard. If she'll step up to the microphone and state who she is—

Lady: Senator Ives, I represent the General Federation of Women's Clubs, but I wish to speak

as a consumer, and I'd like to ask my question of both Major Berry, representing labor, and Mr. Johnston, representing management. Mr. Johnston was the only one of the speakers who referred to the consumer, and while we realize that labor and management are consumers, in this whole problem of arbitration, they're either management or labor, but between them are we, the homemakers of the country as consumers with 85 per cent of the purchasing power. I'd like to ask both of these gentlemen why they do not advocate a representative of consumers as well as management and labor? *(Applause.)*

Senator Ives: Which one of you wants to take this first?

Major Berry: Of course, the working men and women of America are in that overwhelming majority status to which the lady refers. We are consumers. The largest consuming element in the country, of course, are the men and women of labor. We are, therefore, consumers and we join with the lady in saying that we have tried and are doing everything that we can, perhaps here and there slipping a little *(laughter),* but doing everything we can to stabilize the situation in America.

My friend, Assistant Secretary Gibson, pointed out that labor hadn't really kept pace with the increased cost of living. Now the question as to whether we shou keep apace or not keep apace d pends very largely upon the app tite of the consuming public.

Senator Ives: Thank you, Maj Berry. How about you, Mr. Joh ston? Do you have anything say on it?

Mr. Johnston: Well, I'm all f the consumer. I recognize that we don't have consumers we ca use the products of industry. W must lower prices constantly that more and more people c buy more and more things. Tha the American system. That's wh I call participating capitalis That's what differentiates our s tem from the systems of the r of the world. That's the kind system that I'm for.

We can only do that by i creased productivity per man ho so that we can have more thin for more people, and more peo can consume more things. *(A plause.)*

Senator Ives: Thank you. notice that Senator Flanders, distinguished colleague from V mont, would like to offer a qu tion here. Come on, Senat Senator Flanders.

Senator Flanders: I sit right front of Senator Ives in the Sen and know more about him th most of you do, and most of wh I know is good. Now, this is question on my mind. Mr. Gibs referred to the advantages maintenance or increase of p

chasing power. He also, as I understood him, referred to the fact that the demand for goods and services is now greater than the supply. If that is the case, how can increase in purchasing power at the present time, have any effect in raising the standard of living, which is made up of goods and services and which is already going at high speed.

Mr. Gibson: Senator, I must remind you again that in my statement I said that wages hadn't kept pace with price increases. Wages have lagged behind price increases. It's necessary for workers to have more purchasing power to even purchase the number of articles that they may have been accustomed to or somewhere near that point.

Senator Ives: Senator Flanders, again.

Senator Flanders: The question I was raising was as to whether you could get any increase in the standard of living without increase in production as distinguished from increase in purchasing power. The goods at present made are all moving into consumption. There's no dam in that flow of goods. They're all moving into consumption. They're moving at higher prices than we like, but they're all moving. Unless we can produce more goods than services, unless in some way, which is difficult to see at the moment, increase purchasing power results in increased production, I do not see how increased purchasing power can result in an increase in the standard of living.

Senator Ives: Mr. Gibson wants to comment on that, then we'll go to the next question.

Mr. Gibson: I don't think it is going to increase the standard of living at the moment under conditions we are faced with today.

Senator Ives: The Chair notices that Mr. Steinkraus, president of the Bridgeport Brass Company, wants to ask a question.

Mr. Steinkraus: I have listened to Mr. Gibson's talk about the four P's, and I suspected in his conversation, when he referred to the OPA, that he felt that much of our troubles today are due to the fact that the OPA was eliminated. I'd like to ask Mr. Gibson whether he proposes the return of the OPA as a move to keep American economy free and strong.

Mr. Gibson: It isn't necessarily a question of free and strong. I said in my speech that the removal of OPA was one of the things responsible for the spiralling of prices today. I still think that that was the reason for it. *(Applause.)* I'm for some measure of restraint that will curb the ever-increasing price situation today because I fear for the future of our economy unless something

is done to level off the price structure in this country. *(Applause.)*

Senator Ives: Thank you, Mr. Gibson. I note that Mrs. Stewart, who is sitting behind us here has a question that she's raised. Mrs. Stewart, will you step to the microphone and tell the audience who you are.

Mrs. Stewart: I'm a student and I've a question for Mr. Fairless. Mr. Fairless, you refer to periodic meetings between union and company officials. Have you had any since your last agreement and, if so, what was the purpose behind these meetings?

Mr. Fairless: We had a meeting in July. The second meeting was to have been held this month. It was postponed because of the C.I.O. convention. It will be held next month.

A contract specifies that these meetings shall be held quarterly, dating from last April. The first meeting was a good one—not just back-slapping. There was a recognition that we will have to get down to hard facts on some matters. That's as it should be. We're not going into this thing just for fun. The workers and the management know that the world needs steel. If we can keep on making it, that's one sure way to provide it. These meetings will help. You can't get along too well with a fellow if you see him only once a year—and then in times of a crisis.

Senator Ives: I'm very sorry tha that's all the time we have for th question period. We thank yo very much. Now, while our speak ers prepare their summaries of to night's question, here is a specia message of interest to you.

Announcer: Before we have final word from our speakers b way of summary, let us remin you that in the last analysis it i you, the American people, wh determine just how tonight's ques tion will be resolved. Importan as are the opinions of these in formed experts, what you think what you see, and what you d about this problem is even mor important. You are apt to assum that it doesn't matter what jus one person thinks about this ques tion, but it does matter.

As a Town Meeting listener you can exercise tremendous in fluence in your community an circle of friends by demonstratin week after week your ability t think honestly and objectivel about the problems we face. Yo may not be a Congressman, a po litical boss, an editorial writer, bu there are many ways in which yo can exercise influence includin letters to the local press, partici pation in local forums, and discus sion groups, and just through in telligent conversation with you friends, for that is how democrac works in the United States o America.

Now for the summaries of to

night's discussion, here is Senator Ives.

Senator Ives: Mr. Johnston, may we hear first from you?

Mr. Johnston: Fifty years ago it was essential to be strong and healthy for our own good. Now it's essential for us to be strong and healthy for the good of the world as well. It seems to me that all the speakers have brought out tonight that a strong and free America will not only assist us but that we are essential for the liberty and the freedom of peoples everywhere. *(Applause.)*

Senator Ives: Thank you, Mr. Johnston. Now, Major Berry, will you please step up here.

Major Berry: War is the most destructive thing, of course, of all things. Strikes and lockouts and the stoppage of business is war. It seems to me that the matter of first importance in America is for the management of industry and representatives of labor to work out a system by which wastefulness shall cease and thus productivity increased in order that we might have a sounder, higher state of economy in the United States. *(Applause.)*

Senator Ives: Thank you, Major Berry. Now, Mr. Fairless, your summary if you please.

Mr. Fairless: I have said that a sound labor-management relationship is necessary to a free and strong America and that we in United States Steel—management and labor—are working together to secure and maintain that relationship. *(Applause.)*

Senator Ives: Thank you, very much, Mr. Fairless. Now, a final word from you, Mr. Gibson.

Mr. Gibson: There is no period of the past we have ever known to return to. We're not faced with a postwar problem, but with the task of building a new economy for the future. We cannot approach this future with the timidity some leaders have in their veins today. Timidity must be replaced with a bold daring spirit and leadership to keep this the greatest democracy with the highest standard of living on earth. *(Applause.)*

Senator Ives: Thank you, Mr. Gibson. Insofar as your moderator is concerned, he is quite in agreement with all that's been said here on the part of those included in the program. I would observe, however, that in our discussion tonight of a free and strong American economy, we have been considering the over-all problem of productivity which is confronting the American people.

We have put a special emphasis on the relationship among labor, management, and ownership in dealing with this problem. It seems to me we have tried to draw a line where government control should cease in the field of labor-management relations.

If we are to maintain a free and

strong economy, the greatest possible latitude should be given to the exercise of the voluntary processes.

It seems to me that the speakers in their opening statements and in their replies to questions have made a distinct contribution toward clearer thinking where these vital matters are concerned. In behalf of the speakers, I thank you all. *(Applause.)*

Announcer: Now, next week your Town Meeting will turn again to a highly critical subject on the international theme, "What Should Be Done About Palestine Now?" Our speakers will be Moshe Shertok, chief of the Political Department of the Jewish Agency in Palestine, and member of the Jewish Agency Executive; and Jamal El Husseini, chairman of the Arab Delegation for Palestine at the United Nations.

Our interrogators will be Kermit Roosevelt, author and lecturer; and Max Lerner, author and chief editorial writer for *PM*. So plan to be with us next Tuesday and every Tuesday at the sound of the Crier's Bell. *(Applause.)*

sive Gibbosities of Pott's Disease (Resection del'anneau vertébral restant dans les grandes destructions du mal de Pott). Suzanne Béraud-Picard. *Rev. chir. orthop.*, Paris, 1952, 38: 309.

Healing of the tuberculous spine takes place either by solid bony union or by fibrous ankylosis. It is not possible to obtain a cosmetically satisfactory result in all cases although in some patients no gibbus results because of the formation of counter curves below and above the lesion. The disintegration of the vertebral focus is accompanied in most cases by paraplegia of various degrees.

In a 13 year old boy with complete paraplegia not responding to extension and rest for 5 months, the posterior arch of D4 was removed in toto with almost complete disappearance of the motor and sensory involvement; only the Babinski sign remained. The procedure was carried out as follows:

Section of the interspinous ligament was done between 3 vertebrae, and followed by resection of the spinous process, division of the 2 laminaelike ribs, and removal of the transverse process with the upper and lower facets on either side. Technically, the procedure is not regarded difficult and there is no shock; it is indicated in cases of paraplegia with the vertebral body already so far disintegrated that it does not prevent the adaptation of the 2 adjacent vertebral surfaces. Laminectomy alone does not relieve the pressure on the anterior portion of the spinal cord. Ernest H. Bettmann, M.D.

Suggestions for Improvement of Late Results in the Treatment of Femoral Neck Fractures (Comment améliorer les résultats tardifs dans le traitement des fractures du col du fémur). M. Dubois. *Rev. chir. orthop.*, Par., 1952, 38: 246.

The late results of fractures of the femoral neck (pseudarthrosis, necrosis, and secondary arthritis) can be evaluated only after about 4 or 5 years. In a follow-up of this type, Dubois found good results in only 45 per cent of the patients examined. The trabecular structure with the arc of Bigelow, which is formed as a weight-bearing system under the influence of intermittent pressure does not produce bone when subjected to tension, flexion, or shearing forces.

In the latter case nonunion will occur. The rhythmic muscle play is of great importance in the healing process. Even with good mechanical correction the biological prognosis should be guarded in view of the delicate nonpredictable blood supply.

of Frozen Bone Grafts; Osteotheca or Bone Bank (Osservazioni biologiche e cliniche sui trapianti ossei congelati; osteoteca o banca dell'osso). C. Pais and I. F. Goidanich. *Chir. org. movim.*, 1952, 37: 312.

Frozen bone grafts were used at the Rizzoli Institute, Bologna, Italy, in 100 patients. In this report, however, only 30 instances in which more than 6 months elapsed since the implantation operation are discussed. A table lists the 15 instances of pseudarthrosis, 4 of myeloplactic bone tumor, 3 of the Albee operation following hemilaminectomy, 2 of bone cysts, 1 instance of tuberculosis (healed) of the hip joint, 1 of sarcoma, and 1 of multiple chondroma of the carpal bone of the right hand.

The operations ranged all the way from the simple filling of the residual bone tumor beds with bone fragments, to reconstruction of the lower end of the femur, lengthening operation on the femur, and filling of the gap in the humerus following the resection of sarcoma.

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continues down to an abrupt point of complete obstruction which has in almost every instance been exactly at the level of a large collateral artery. A number of collaterals are usually filled and the main channel is distal to the region of obstruction and appears to be of a smooth contour, similar to the channel proximally. Such cases are selected for surgery no matter what length of obstruction is visualized.

2. The second type of arteriogram is one in which there is a segment of obstruction with visualization of the channel distal to the obstruction, but at the same time there are numerous irregular filling defects in the contrast study of the artery above and below. Such cases have led to operations and sometimes successfully.

3. The third general type of arteriogram is seen less frequently in these patients if they truly show the clinical signs described for segmental occlusion. It is characterized by a filled channel down to an abrupt obstruction with collaterals that seem adequate but which appear to enter more distant branches in the calf; there is, however, no filling of the distal femoral or popliteal artery. Such cases have been operated upon but most of the operations have failed because there was no distal vessel found suitable for anastomosis.

4. The fourth type of arteriogram is seen in patients with diffuse disease who retain a small but complete lumen. The roentgen ray shows multiple irregular filling defects plus calcification of the entire length of the vessel. The lumen is narrow but completely open. Operation has not been considered in this group.

With few exceptions the arteriograms and the findings at operation have been well correlated. The technique of the procedures of resection and vein grafting, as well as thromboendarterectomy (intimectomy), is described in detail. Resection of lengths of the femoral artery varying from 8 to 38 cm. with replacement by means of a vein graft has been done 19 times in 18 patients. Autografts were used in 16 operations and homologous vein grafts were used in 3. The autogenous grafts were taken from the saphenous vein or the superficial femoral vein of the same extremity. It is, of course, important to reverse the direction of the vein graft so as to remove the effect of any valves that may be present. The saphenous vein in almost every instance has proved its ability to dilate so as to be almost the exact caliber of the normal femoral artery. This is an

necessary to clean out fairly long segments of the proximal or distal arterial stumps with arteriosclerotic changes in order to preserve important collateral arteries such as the profunda femoris branch of the common femoral. Experience with this technique as the sole method of removing an obstruction has, with the exception of 1 case, been confined to the common and external iliac artery. Six cases of intimectomy have been done, 5 of the iliac arteries and 1 case of the superficial femoral artery. In the latter case, the segment so treated extended from the common femoral bifurcation to the popliteal bifurcation.

In a consideration of the results, 12 of the 19 grafts are termed successful in that they have produced a return of pulse at the level of the ankle and a great increase in the oscillometric index on the calf. The patients have, without exception, had complete relief from the presenting complaint of intermittent claudication. Six grafts have been termed failures. One death and 2 amputations of the operated extremity have occurred in this series. The 1 death resulted from coronary occlusion 3 weeks after operation and, in this instance, the graft was found to be open at autopsy.

Six patients have been subjected to intimectomy. A successful intimectomy of the superficial femoral artery was done in a patient who previously had had a resection and vein graft of the contralateral superficial femoral artery. In this case both procedures re-established the pulse, but the expected long term follow-up to compare the value of the two procedures could not be obtained because of the patient's suicide 3 months after the last operation. The remaining 5 operations were intimectomies of the iliac artery. Of these, 3 have remained open, as demonstrated by a translumbar aortogram or by the return of pulse at the femoral level, and 2 have apparently been reoccluded without benefit to the patients.

It is well to remember that although a segment may be removed and continuity restored there frequently are other arteriosclerotic segments present which may become occluded and thus vitiate the result. Rigid selection of the cases to be subjected to surgery on the basis of distinct visualization of a channel in the main vessel distal to the obstruction is considered necessary to limit the number of failures. There is very little danger of interfering with the blood supply of the extremity as long as one avoids bridge-burning extensions while doing the operation.

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The third group included those derived from the surface epithelium of the ovary. Only 1 such case was found.

The fourth group was associated with pseudomucinous cystadenoma. The author considers the histogenesis of the tumors in this group to be similar to that of the third group.

HENRY C. FALK, M.D.

EXTERNAL GENITALIA

A Surgical Approach to Intractable Pruritis Vulvae. JAMES H. MERING. *Am. J. Obst.*, 1952, 64: 619.

The author gives a preliminary report of the results obtained by a new application of an old plastic procedure. The series of 12 cases represents a group of women with extensively treated, completely intractable pruritus vulvae of very long standing. All of the group were surgically treated by wide undermining of the skin of the vulva, vaginal mucous membrane, and anus, with extension outward into the skin of the thigh, perineum, and upward over the symphysis and groin area. The immediate objective of this method of attack is partially to denervate the entire area and thus cause a temporary loss of sensation and improve the blood supply to the skin and the cutis of the entire vulval region.

Vulvectomy has been a desperation measure; it is mutilating and commonly results in dyspareunia, tightening of the skin, and ectropion of the mucous membrane of the vagina with subsequent ulceration, excoriation, or fissuring, particularly at the fourchet. It has not accomplished the desired purpose, which is to relieve constant skin and mucous membrane irritation of the entire vulvovaginal area. The author's operation has been devised as a simple surgical procedure to replace vulvectomy and to restore to health the skin of the vulvar area and the mucous membrane of the lower third of the vagina.

Wide plastic undermining of the skin of the vulva, thigh, perineum, and mucous membrane of the vagina offers promise to replace vulvectomy when there is intractable pruritus vulvae of unknown etiology. The surgical phase is not difficult and has not been attended by severe complications of any nature during or after the operation. The results in 16 cases to

MISCELLANEOUS

Cytologic Demonstration of Estrogenic Function in Aged Women with Benign and Malignant Proliferations of the Genital System (Ueber den zytologischen Nachweis oestrogener Funktion bei alten Frauen mit gut- und boesartigen Proliferationen am Genitalsystem). HERBERT HUBER und GERHARD BESSERER. *Geburtsh. & Frauenh.*, 1952, 12: 708.

The authors differentiate between two groups of malignancies in the genital system. The first group includes carcinoma of the vulva, the vagina, and the portio. In this group local irritation plays an important role; the tumors often originate from condylomas, papillomas, leucoplakias, luetic ulcers, or chronic vulvitis. The second group includes malignancies of the cervix, corpus uteri, and the ovary; these are systemic disturbances in which local irritation does not play a role. Multiplicity of the tumors, bilateral carcinoma of the ovaries or tubes, combination of ovary and uterus carcinoma, and the combination of malignant with benign proliferations, as polyps of the cervix and the corpus, are frequently observed. Often these multicentric proliferations appear in the form of a "rejuvenation" of the mucosa of the tubes and the cervix which fail to show the normal atrophy of the menopausal period. These morphologic and functional changes indicate that a hormonal factor is operative in the pathogenesis of "systemic" carcinoma.

The authors were able to demonstrate the action of an estrogenic factor by the cytologic method of Papanicolaou and Traut. These workers proved experimentally that, under the influence of follicle hormone, acidophil karyopyknotic epithelia are found in the vaginal smear.

In the present article the authors showed that the cytologic method is valuable not only for the demonstration of tumor cells but also as a test method for the presence of an estrogenic factor in tumors of the genital system after the menopause. The action of follicle hormone was assumed when acidophil karyopycnotic epithelia were present either exclusively or in more than 50 per cent of the cells.

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gens. LEWIS M. HURXTHAL and ANNE T. SMITH. *N. England J. M.*, 1952, 247: 339.

The authors report further experiences with estrogens, both in endometriosis and other conditions.

Rather large doses were used in 25 cases in which endometriosis was thought to be present or verified. Temporary relief was obtained in many. Of 7 patients in whom treatment was stopped, 4 failed to gain relief from pain, 1 developed swollen labia, 1 developed marked fluid retention presumably because of congestive heart failure, and 1 developed psychotic symptoms.

Stilbestrol was used with satisfactory results in 8 cases of menorrhagia with or without fibroids and in 2 cases of chronic cystic mastitis.

The authors state that stilbestrol may be useful in the treatment of endometriosis but that its usefulness is limited because of its unpleasant side effects or unpleasant complications. In a few cases the results were most satisfactory.

The authors also state that they do not believe cancer of the breast is caused by stilbestrol, but if a carcinoma is present and too small to be recognized during clinical examination its growth may in some cases be accelerated.

Stilbestrol or other estrogens are useful in the temporary management of excessive uterine bleeding but probably should not be employed for an extended time in any case in which a definite history of carcinoma is obtained.

The nodules of cystic mastitis and uterine fibroids may be decreased in size following the use of estrogens, but this needs further clinical study.

Several patients became pregnant while on stilbestrol therapy. The libido was increased in 6 patients. BYFORD F. HESKETT, M.D.

Postoperative Mortality in Gynecologic Surgery. DONALD A. DALLAS. *Tr. Pacific Coast Soc. Obst.*, 1951, 19: 104.

This study of postoperative mortality in gynecologic surgery was accomplished at the Stanford Gynecological Service of the San Francisco City and County Hospital from 1932 to 1949. During this 18 year period 11,323 patients were admitted. Surgical procedures were carried out on 4,769 patients. Fifty-three of these patients died prior to discharge from the hospital and it is with this group that the report is concerned.

Uterine curettage was performed 2,404 times. In this group 1,794 patients were curetted because

inal hysterectomies with a mortality of 1.54 per cent, and 54 vaginal hysterectomies with a mortality of 5.5. per cent.

One hundred and thirty operations for ectopic pregnancy were performed with 1 death (0.77%). Salpingectomy for inflammation was performed 90 times without a death. Benign ovarian tumors were removed surgically 123 times with a mortality of 1.6 per cent. There was an operative mortality rate of 43.3 per cent in 30 laparotomies for malignant ovarian tumors, and 169 patients were operated upon for cystocele and rectocele without a fatality. Posterior colpotomy, for draining pelvic abscesses, was done 85 times with a mortality of 4.7 per cent. Seventy-two instances of cervical cauterization yielded a death rate of 1.4 per cent; 48 nephrectomies were done with 2 deaths, and 9 nephrotomies with 3 deaths. Two instrumental perforations of the uteri resulted in 1 death. Several miscellaneous procedures with no mortality were also listed.

Of the 53 deaths prior to discharge from the hospital, 16 occurred in patients upon whom elective procedures were carried out. The histories of each with the author's criticism are presented. In 1 instance the primary cause of death was curare and, therefore, this was considered an anesthetic death. Of the remaining 15 deaths, the usual criticism was faulty diagnosis, poor clinical judgment,

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only 13 instances was colpotomy or medical measures deemed sufficient. The total mortality was 4.47 per cent; from 1931 to 1942 the mortality was 6.60 per cent and from 1942 to 1951 it was 3.08 per cent. This improvement in mortality is ascribed to the improved technique of the obstetrician with more rapid hospitalization and to the extension of indications for blood transfusion, as well as, of course, the introduction of the chemotherapeutic and antibiotic measures. JOHN W. BRENNAN, M.D.

Spontaneous Rupture of the Esophagus in a Pregnant Woman (Sobre un caso de rotura espontanea de esofago en una embarazada). ALFREDO J. GUIROY, SAMUEL CASTRO, ALFREDO A. CORDES, EUGENIO KOREMBLIT, and GRATO E. BUR. *Bol. Soc. obst. Gin. B. Aires*, 1952, 31: 153.

Spontaneous rupture of the esophagus is a very rare accident. The authors present a case in a 19 year old pregnant woman at full term. For 3 days before admission the patient had had headaches and paresis of the left leg. Then she had a sudden loss of consciousness accompanied by tonic convulsions. She later became conscious but still had a left hemiparesis. The spinal fluid showed an albuminocytologic dissociation and was xanthochromic. The ophthalmologic examination revealed nothing significant. A tentative diagnosis of cerebral hemorrhage was made and the patient was treated with papaverine and magnesium sulfate. She died twenty-four hours after admission. Autopsy showed a subpial hematoma in the left rolandic region and a hemothorax of about 800 c.c. There was an elliptical perforation of the esophagus, parallel to its long axis, at about the level of the cardia and approximately 5 by 1 cm. in size. A hemorrhagic area was found in the basal nuclei at about the level of the formation of the pyramidal tracts.

In their discussion of the case the authors bring out the possible relationship between the hemorrhagic area in the diencephalon and the ulcerated lesion in the esophagus. That a cause and effect relationship might exist between such lesions was first pointed out by Rokitansky, and later investigated by many others. Cushing adduced experimental proof of such theories by reporting cases of perforating lesions of the upper gastrointestinal tract following surgery on the brain. In fact, he suggested the presence of a parasympathetic center in the diencephalon, located probably in the tuber cinereum and connected to the autonomic centers in the

Heart Disease as a Complicating Factor in Pregnancy. Franklin C. Massey. *Am. J. Obst.*, 1952, 64: 607.

Although heart disease is a complication in only about 2 per cent of pregnancies its mortality rate of 500 per cent above that of noncardiac pregnancies stresses its importance. Ninety-five per cent of these cardiac parturients have rheumatic heart disease, 2 per cent congenital anomalies, and all other types account for the remaining 3 per cent.

Pregnancy adversely affects the cardiovascular load because the physiological changes during gestation lead to blood volume increase, an accelerated rate of blood flow, and a rise in the cardiac output. Maximum augmentations are reached during the eighth and ninth lunar months and are followed by decreases prior to term. These features predispose toward cardiac failure, tolerated admirably by the normal heart, but poorly borne by the diseased heart. The stresses of labor are well tolerated.

Evidence pointing toward heart disease during pregnancy may be difficult to obtain and its interpretation is problematical. The need of correlation of all data is obvious. The most important signs indicating heart disease are the presence of a diastolic murmur, definite cardiac enlargement, or both.

Prognostication in the pregnant cardiac is difficult and filled with "unknowns." There is no satisfactory method for measuring cardiac reserve in a given patient. Under the classification of the New York Heart Association those in classes 1 and 2 may be considered as favorable while those in classes 3 and 4 are unfavorable.

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the syndrome under discussion. It is now known that many of the manifestations of Cushing's syndrome result from the nitrogen wastage present and can be produced in the normal subject by administering compound E.

Diagnosis can be made from a level of increased urinary 11-oxycorticoids and a positive salt-tolerance test. Proper therapy depends, of course, upon the pathological lesions. The presence of a tumor may be determined more easily by perirenal air insufflation in conjunction with laminography. A second aid is the 24 hour level of neutral 17-ketosteroids. Frequently, exploration must be done to exclude the presence of a tumor, and it should be noted that the presence of an adrenal tumor usually causes atrophy of the contralateral gland. The prognosis of benign surgical lesions may be good, depending to a great extent on the preoperative and postoperative management; the outlook for patients with malignant lesions is poor. The use of compound E and adrenocorticotropin is making surgery for these benign tumors more safe and practical. NATHAN ROSENBLOOM, M.D.

Peripelvic Renal Lipomatosis (Sulla lipomatosi renale peripelvica). GIORGIO COSENTINO. *Arch. ital. urol.*, 1951–1952, 25: 434.

One instance of peripelvic renal lipomatosis is reported. About 50 cases of disease of this nature have appeared in the medical literature. The present case was that of a 51 year old male who had contracted gonorrhea when 23 years of age and since then had constantly suffered from a turbid urine (3-glass test); however, at present the only organisms which could be recovered were gram-negative diplococci. He had married at 40 years of age and had two healthy sons. The patient's family showed a tendency towards urinary lithiasis and the patient himself began, 13 years previously, to suffer from intermittent attacks of renal pains, radiating at times to the genitalia and thigh, and rarely accompanied by slight attacks of fever and nocturnal sweats.

Roentgenologic examination at different times disclosed the presence of a urinary stone in the left pelvis and apparently some enlargement of that kidney. The condition was diagnosed as left-sided lithiasis of the kidney and hydropyonephrosis.

Operation (nephrectomy) disclosed the urinary stone and a somewhat enlarged, mildly deformed kidney. There was a large orange-sized mass in the region of the left hilus. This mass was well encapsu-

lipomatosis, lipoma diffusum renis, substitutio renis adipose, lipomatosis renale, adipose transformation of the kidney—in a patient with a tendency towards the formation of lipomas (the patient had also a small lipoma over the right mastoid region) is of value as it supports the theories of causation which have reference to an irritative factor rather than the theory of a substitution factor (whereby the fatty tissue was merely a substitutional hyperplasia to fill in the vacancy in the kidney bed resulting from a primary atrophy of the kidney itself) as the cause of the condition. This case also evidently supports the theory of the neoplastic nature of the condition.

JOHN W. BRENNAN, M.D.

Primary Megaloureter. MEREDITH CAMPBELL. *J. Urol.*, Balt., 1952, 68: 584.

Primary megaloureter is characterized by (1) a relaxed immobile ureteral orifice, (2) altered ureteral dynamics, (3) wide ureteral dilatation which is predominantly lateral with little or no ureteral lengthening or kinking, (4) free vesicoureteral reflux, and (5) the absence of obstruction, neuromuscular vesical disease, or advanced infection. Many so-called cases in the literature do not stand critical analysis in the light of these standards. In several hundred personal examinations on children with dilated ureters, the author found only 2 cases which warranted the diagnosis of congenital ureteral atony; all other cases presented other diseases or factors.

Some nine theories have been given for the cause of megaloureter, as summarized by Hinman. Some of the theories would function in isolated series and types of ureteral dilatations, including fetal persistence of a large ureter, inflammatory changes, and obstruction. Recently, Swenson and his coworkers observed that the probable cause of Hirschsprung's disease (congenital magacolon) is the congenital absence of parasympathetic ganglion cells in the constricted nonperistaltic bowel segment. Since the lower bowel and bladder have a common parasympathetic innervation, it is noted that in half of the cases of Hirschsprung's disease, vesical dysfunction is present. In a histologic study of the bladder wall, Swenson showed a striking diminution of ganglion cells. In the normal control bladders, an essentially uniform pattern of ganglion and nerve cell distribution was found. The essential difference in the amount of ganglion cells could readily be identified by several Boston pathologists in 6 of 7 cases. The

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mental Research (La cistite chimica. Rivista sintetica e ricerche sperimentali.) ENRICO MANETTI. *Urologia*, Treviso, 1952, 19: 3.

The author divides the instances of chemical cystitis, or of chemical substances acting upon the urinary bladder, into two main groups: (1) those cases in which the substance reached the bladder by the descending route, and (2) those in which it arrived by the ascending route (through the urethra). The first group is further divided into two subgroups: (a) those cases in which the substance is introduced from the outside (exogenic), and (b) those in which the substance arises within the organism (catabolic). Finally the exogenic, descending substances are subdivided into those introduced into the body orally and those introduced parenterally.

The author's research concerns only the substances introduced per urethram. The experimental animals were rabbits and the irritative substances chosen were solutions of various concentrations of silver nitrate. In all, 28 rabbits were used, of which 2 served as untreated controls. The remainder were divided into 6 groups.

In the first group (3 animals) 5 c.c. of a 3 per cent silver nitrate solution were injected every 4 days for 3 weeks. A very slight effect was noted. In the second group the same technique was followed, however, 5 per cent solution was used. The classic picture of mild albuminuria, leucocytes, and erythrocytes resulted, and at autopsy there were hypervascularization of the bladder walls with localized patches of necrosis (blackened by deposits of the silver) usually involving predominantly the region of the trigone.

In the third group (4 animals) the same technique was followed; however, the injections were continued indefinitely, usually until the spontaneous death of the animal. In these instances the typical findings were repeated, usually in accentuated form, and there was a tendency toward the development of severe contracted states of the bladder. In 1 instance there was encountered at autopsy a urinary calculus of tricalcium phosphate with traces of carbonate, the whole blackened by the formation of silver proteinate.

In the fourth group (4 animals) the usual technique was followed; however, the injections were given on alternate days. These animals presented early (by the sixth to the eighth day) a loss of weight, severe pollakiuria, pyuria, and mild bleeding. One

bladder mucosa. In 1 animal of this group a calculus was uncovered, the nucleus of which was a strand of catgut including the knot.

In the sixth group (6 animals) the 5 per cent solution was injected daily until the frank development of cystitis, then treatment was stopped. In nearly every instance the bladder finally returned to health.

In general, in all of the animals which survived in these groups there tended to be a complete recovery from the effects of the chemical irritation without severe permanent damage. However, the presence of the two stones, the one with the foreign body nucleus and the other with a nucleus assumed to consist of a deposit of the silver salts on a floccule of mucus, is taken to indicate the importance of the presence of a foreign substance as a cause of urinary calculus. There was no indication in this series of experiments of a tendency toward the formation of chronic cystitis with the formation of leucoplakia, papillomas, or cancer. JOHN W. BRENNAN, M.D.

The Relation of the Preoperative Estimate to the Pathologic Demonstration of the Extent of Vesical Neoplasms. VICTOR F. MARSHALL. *J. Urol.*, Balt., 1952, 68: 714.

In a series of 104 consecutive patients having radical cystectomy, comparison was made between the anticipated preoperative or clinical extent of the carcinoma and the true postoperative or pathologic stage of the disease.

A classification of vesical carcinoma was evolved to indicate the depth of infiltration, the extent of lymph node involvement, and the degree of malignancy as noted histologically. Actually, a dual classification resulted, consisting essentially of 4 stages and 3 grades. Practically every conceivable combination was found in the 104 specimens. These are presented in analytical detail.

When it had been estimated clinically that lesions were relatively superficial, subsequent microscopic examination revealed a 33 per cent error.

When clinical evaluation suggested infiltration more than halfway through the muscularis of the bladder there was 87 per cent accuracy.

Most errors, therefore, were an underestimation of the extent of the tumor. In the entire group, 42 per cent of the neoplasms were in a stage greater than the clinical appraisal, 16 per cent were in a stage less than that anticipated clinically, and 43 per cent were estimated accurately.

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branous urethra and urinary extravasation. The presence of gross blood at the urethral meatus suggests injury of the lower urinary tract. In extravasation, severe shock is usually present. There may be suprapubic tenderness and fullness or ecchymosis of the abdominal wall, genitalia, and perineum. Rectal examination may reveal displacement of the prostate and an accumulation of blood and urine. After attempted catheterization is unsuccessful, the injection of 15 to 30 c.c. of radiopaque solution will usually establish the diagnosis of rupture of the urethra.

Urinary extravasation resulting from separation of the urinary bladder from the urethra constitutes a surgical emergency. Measures to combat shock must be instituted immediately. As soon as the patient's condition permits, suprapubic exploration should be undertaken. After securing hemostasis, the bladder, if intact, should be opened. A Foley catheter should then be guided through the severed ends of the urethra into the bladder and its balloon inflated. A silk thread is passed through the nose of the catheter and led out of the suprapubic wound. Traction on the catheter approximates the ends of the urethra. The bladder and space of Retzius are drained. The suprapubic drainage should be maintained for 2 to 4 weeks; the urethral catheter should remain in place for 4 to 6 weeks.

The technique described was used to repair urethral injuries in 4 boys from 4 to 13 years of age. In 3 cases a straight catheter with a rubber tissue drain wrapped around the end was used to produce the traction necessary for approximation of the severed urethra. The functional results were uniformly satisfactory. JOHN T. GRAYHACK, M.D.

GENITAL ORGANS

Thirty Years' Experience with Enucleation of the Prostatic Adenoma—So-Called Prostatic Hypertrophy—by the Ischial Approach. A Critical Discussion of other Approaches to the Prostate Gland (Dreissigaehrige Erfahrung mit der Enukleation des Prostatadenoms—sog. Prostatahypertrophie—auf ischialem Wege. Zugleich eine kritische Auseinandersetzung mit den uebrigen Zugangswegen zur Prostata). OTTO HENNIG. *Zschr. Urol.*, 1952, 45: 347.

Despite the frequency of prostatic hypertrophy, no standardized operation has been devised, and the suprapubic, retropubic, transurethral, and perineal methods are still competing with each other. Among

used, the author reviews in detail the topographic anatomy of the prostatic region. The perineal approach is the shortest, and the suprapubic, the longest, route. Voelcker's posterior approach through the ischial fossa permits the widest exposure of the gland without injury to the vessels or nerves, in contradistinction to the perineal route, which gives the smallest exposure, and the retropubic route which carries the danger of injury to the venous plexus or nerve. Ischial exposure also prevents injury to the sphincters of the vesical neck and to the urethra and affords easy intracapsular enucleation with subsequent control of hemorrhage under direct vision. It makes suture between the urethra and vesical neck unnecessary, which—in the author's opinion—leads frequently to strictures; finally, dependent drainage can be easily achieved, an advantage this procedure shares with the perineal method, contrary to the suprapubic and especially the retropubic operation.

If a standardized technique is used in prostatic surgery the following requirements should be fulfilled: (1) simplicity of the method, not necessitating special instruments, (2) wide, nondangerous exposure permitting easy hemostasis under vision, (3) dependent drainage, (4) avoidance of abdominal incision with its risk of respiratory embarrassment, (5) preservation of the sphincters and suspensory apparatus of the posterior urethra, (6) avoidance of circular sutures around the vesical neck to prevent stricture formation, (7) simple anesthesia, and (8) simple postoperative management.

The suprapubic operation remains the method of choice for intravesical adenomas, whereas the subcervical lesion is attacked retropubicly. The author is opposed to the latter procedure for many reasons. Both the suprapubic and retropubic approaches have the disadvantage of an abdominal incision.

The perineal approach presents the shortest route to the prostate and permits dependent drainage, but it has the disadvantage of a small funnel-shaped exposure with the danger of rectal injury and damage to the sphincters.

The ischial approach (Voelcker's ischiorectal approach), unjustly described as technically difficult, has been improved by the author in the past 30 years so that every surgeon should be able to use it.

Preoperative preparation consists of the changing of the indwelling Foley bag catheter, bladder irrigation, and evacuation of the bowel. Anesthesia is of the epidural type plus local infiltration of the skin and subcutaneous tissue with 1 per cent novocain.

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cancer which often develops insidiously and is diagnosed only when routine examinations of the population are carried out. At such an occasion cancer was found 6 times among 1,000 patients. Another reason that perineal prostatectomy is rarely applied is the incidence of incontinence. And the third reason is that few operators are familiar with the technique. Although the author believes that a radical prostatectomy can be carried out suprapubically or retropubically, he thinks that these methods do not permit satisfactory exposure and lead to stricture or incontinence. He presents his sacral method which he has used since 1947 and mentions that a similar, though never published, approach had been used by Hochenegg.

With the patient in left side position, the coccyx is exposed from a curved incision and resected with a chisel. The tissue on the right side of the rectum is severed cranially and the levator is incised caudally. Blunt dissection then separates the rectum from the prostate and seminal vesicles; this dissection is carried to the apex of the prostate and includes the complete mobilization of the seminal vesicles; it is then extended to the left side of the prostate. The prostatic fascia, which varies in its thickness, is incised medianly and reflected laterally. This is done in order to have material for future closure. The vasa are then cut electrically, the seminal vesicles are mobilized and freed on their tips with or without ligation, and the prostate is grasped with a tenaculum and pulled cranially. The apex is then severed from the urethra and with upward pull the anterior aspect of the prostate is exposed and freed until the prostate is only attached to the bladder neck. The pull on the prostate is then reversed caudally and separation from the bladder is started by dissecting the prostate from the trigone and from its attachments to the vesical neck. If the opening in the bladder is small, its full size will be used for anastomosis with the urethra; if it is too large, the posterior circumference will be decreased by a partial purse-string suture. Then suture of the anterior aspect of the vesical neck and urethra is done, the stitches being taken through the extraurethral tissue. A Nelaton catheter, 20–22 Fr., is introduced. The urethra and posterior surface of the bladder neck are approximated without tension and the preserved prostatic fascia covers the remaining defect. A second row of sutures is achieved by taking up the surrounding tissue and a third row is furnished by uniting the severed levator fibers. A drain is intro-

and hormones postoperatively for at least 1 year.

Complications are reported: a vesicorectal fistula was observed once (not contained in the presented series). Minor strictures and a tortuous urethra without residual urine are common. Later dilatation may become necessary. Incontinence was observed 10 times, 1 also at night. Five patients wear a urinal; the rest use a pad. One patient sustained a ureteral injury which necessitated re-implantation of the ureter into the bladder and ended in cure.

Three patients are alive without recurrence after more than 5 years. However, the author presents 2 patients who were not operated on radically, but are well at the age of 76 and were observed since the latter part of 1946. In both cases the diagnosis of cancer was histologically confirmed from the tissue obtained by transurethral resection; one patient was treated with hormones, the other with castration; while the latter shows signs of feminization, the other does not. The author presents these 2 cases in order to emphasize that careful selection should be made of the patients for conservative and operative treatments. He believes that sacral operation has the advantage of clear exposure and gives the best results when combined with hormonal therapy.

ERNEST BORS, M.D.

Evaluation of Current Treatment of Prostatic Cancer. HERBERT BRENDLER. *J. Urol.*, Balt., 1952, 68: 734.

Prostatic cancer is the most common malignancy in the aging male. In evaluating the effectiveness of treatment there is a tendency to draw specious conclusions regarding absolute curability from analyses of 5 year series. These studies indicate trends only and can be misleading unless coupled with a thorough knowledge of the natural history of prostatic cancer.

In early cases in which the cancer is limited to the gland itself, treatment is directed toward a cure. Radical perineal excision of the prostate, seminal vesicles, and adjacent bladder neck is the treatment of choice. Unfortunately, the applicability of this operation is low. It is doubtful whether patients over 70 should be subjected to this procedure in view of the limited life expectancy. In most clinics the operation is found applicable in 3 to 5 per cent of the cases, although Jewett's figure is 11.2 per cent. The operative mortality is about 3 per cent. Impotence follows commonly. Urinary incontinence occurs in 12 per cent.

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SAMUEL KAHN, M.D.

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The question of whether an acute major gastric hemorrhage should be treated internally or surgically has been discussed for many years. The classical school of Leube and von Mikulicz taught that surgery is indicated in repeated hemorrhages, but should never be performed in a first bleeding. This dogma no longer holds true. Finsterer, in Vienna, was the first to advocate prompt resection in every profuse bleeding, and to show that surgery ensures a lower mortality rate than management by conservative treatment.

The author describes the management of acute gastric hemorrhage as it has been established at the Surgical Department of the University of Kiel, Germany. The patient is first treated conservatively with morphine, the local application of ice, and a small blood transfusion. However, as soon as signs of a renewed hemorrhage appear laparotomy and resection of the stomach are performed promptly. Before the intervention an x-ray examination is done to rule out bleeding from esophageal varices.

In contrast to the principles laid down by Finsterer, the resection is performed even when neither the x-ray films of the stomach nor inspection and palpation after gastrotomy reveal the source of the hemorrhage.

During the last year the author observed 6 patients with uncontrollable hemorrhage and negative roentgenologic and palpatory findings, 4 of whom were saved by the operation. The cases are described in detail. In 3 of them the hemorrhage was caused by gastritis, in the 3 others by an extremely small ulcer which macroscopically had the appearance of an erosion but had eroded an artery in the muscularis mucosae. The author emphasizes that even a minimal ulcus simplex that does not go beyond the submucosa and cannot possibly be found by palpation may cause a fatal hemorrhage.

Other causes of gastric hemorrhage without palpatory or roentgenologic findings include congestion in pyloric stenosis, arteriosclerosis, Osler's disease, and idiopathic parenchymatous hemorrhage.

WERNER M. SOLMITZ, M.D.

Submucous Lipoma of the Stomach (Lipoma submucoso del estomago). MARTÍN MIQUEO NARANCIO and JUAN MEDOC. *Bol. Soc. cir. Uruguay*, 1951, 22: 439.

Benign gastric tumors are no longer considered a rarity. The incidence of such lesions as compared

time prior to her admission to the hospital she presented fever, general malaise, and lumbar pain, and was treated with penicillin and sulfanilamide. At the same time she took a dose of a strong cathartic. The intake of this medication was followed a few days later by an episode of massive gastrointestinal bleeding which rendered hospitalization necessary.

The initial physical examination was entirely negative and the only positive laboratory finding was that of a rather severe degree of secondary anemia. The patient was discharged after correction of her blood loss and readmitted a few weeks later for further investigation, at which time roentgenologic examination of her upper gastrointestinal tract revealed the presence of a constant, circular filling defect in the lower portion of the stomach. The edges of the lesion were not rigid and there was a questionable central ulceration. The roentgenologic diagnosis was that of benign gastric tumor, which was confirmed during surgery when a well circumscribed, egg-sized, somewhat ulcerated and pedunculated tumor could be excised. Histologically, it was a submucous lipoma with central ulceration. The postoperative course was uneventful and the patient was discharged in perfect condition.

The author describes the main symptomatology of such lesions. Submucous lipomas which are located at a certain distance from the cardia or pylorus usually remain asymptomatic unless they present ulceration. As in this case, sudden and massive gastric hemorrhage is one of the main symptoms but in the majority of the cases it is never so severe as to endanger life.

The roentgenologic diagnosis is established on the bases of a well circumscribed filling defect, a normal mucosal pattern except in the immediate vicinity of the tumor, and normal peristalsis. In the presence of an ulceration there are, however, no typical findings.

The treatment is surgical. Whether a subtotal gastrectomy or a local excision of the tumor be performed remains up to the judgment of the surgeon after evaluation of the local pathologic findings.

R. Schobinger von Schowingen, M.D.

Carcinoma of the Stomach: Review of 406 Cases Seen from 1940 to 1945: Operability, Resectability, and Curability. Charles H. Brown and Charles F. Kane. *Gastroenterology*, 1952, 22: 64.

The authors, who are internists, have tabulated 406 cases of carcinoma of the stomach that had been

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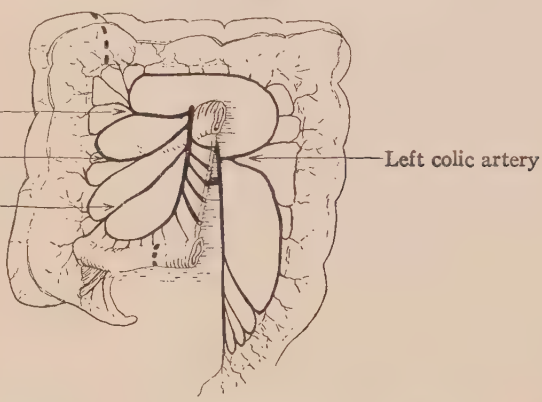
future outlook was hopeless. The average survival was 4.2 months. However, 5 patients survived more than 2 years.

In summary, of 406 patients with gastric carcinoma seen at the Cleveland Clinic from 1940 to 1945, 68 per cent were considered operable. In this group 100 (25%) were subjected to resection, 48 (12%) to palliative procedures, 87 (21%) were explored only, 44 (11%) refused surgery, and 127 (32%) were considered inoperable.

Of the patients subjected to gastric resection, those that survived 5 years are compared with those that did not. There was no significant difference in the duration of symptoms or the type of symptoms present. The size of the lesion was of no prognostic value. The most favorable type of gross lesion was the polypoid and the polypoid ulcerating lesion, the survivals amounting to 58 per cent and 57 per cent, respectively. Forty-one per cent of the 5 year survivors had lymph node involvement, and 22 per cent had extension of the carcinoma into the neighboring organs. ROBERT TURELL, M.D.

Colon Transposition in Total Gastrectomy. ROLF CARLESON and YNGVE EDLUND. *Acta chir. scand.*, 1952, 103: 249.

The unsatisfactory condition of the life of the totally gastrectomized patient is reviewed and the experience of several surgeons with the substitution of the proximal colon for a gastric reservoir is described.



n, Edlund). Blood supply to the terminal ileum and large bowel. R. Indicate the sites of resection.

Fig. 2 (Carleson, Edlund). Drawing showing the new gastric reservoir after transposition.

The authors used a modification of the method described by C. F. Lee in 3 cases. Figures 1 and 2 illustrate their method.

The technique involves a midline incision in the epigastrium, radical total gastrectomy, excision of the greater and lesser omenta, the spleen, terminal esophagus, first portion of the duodenum, and the regional lymph nodes. Mobilization of the ileocecal region and appendectomy is necessary. The ileum is divided 10 to 15 cm. from the cecum and the mesentery is divided distal to the hepatic flexure but proximal to the middle colic artery. The distal stump of the colon is closed, and the mobilized segment is turned up into the site of the stomach with a rotation of 90 to 180 degrees. End-to-end esophagoileostomy, end-to-end coloduodenostomy and side-to-side ileotransversostomy are performed.

Three case reports are given. In 1 the patient recovered and did well until he died after 6 months from intestinal obstruction. This was caused by adhesions resulting from a perforation of the small bowel below the coloduodenostomy and from an intraperitoneal tuberculosis. The 2 other patients died some days following the operation, one from cardiac insufficiency and the other because of paralytic ileus.

The authors consider the operation of value but stress the fact that candidates for this procedure must be in good physical condition, particularly from a cardiovascular standpoint, there must be no intercurrent disease, and the cancer must be completely extirpated. The authors also cite the danger

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R. L. Lawton, M.D.

hepatic artery was ligated near its origin, survived and seemed none the worse for the experience. In another 4 animals the surgical intervention was the same as in the first 4 mentioned; however, the operation was immediately followed by the usual treatment with penicillin (*Surg. Gyn. Obst.*, 1950, 91: 680). Of these animals, 2 survived. In a further 7 animals the same operative interference was followed by adequate treatment with terramycin; 3 of these survived. In 7 animals the same operation was followed immediately by treatment with aureomycin; 5 of these animals survived, and in those which did not survive the changes were less fulminating and less extensive than with the other methods used. Finally, 7 animals with the same operative work were treated immediately after operation with sulfonamides. None of these animals survived; indeed, there seemed to be no difference in the postoperative course from that in untreated animals.

The clinical manifestations and the histologic findings were pretty much the same whether the animal lived or died and, in fact, they were not essentially different from those originally described by Markowits, Rappaport, and Scott (*Proc. Soc. Exp. Biol.*, 1949, 70: 305) or other authors since. The author differs from some of the others in that he did not find any essential difference between the results in cholecystectomized and noncholecystectomized animals.

From his studies in this series of experiments the author concludes that there are 3 chief factors at work in these results. The first factor predominates in the early deaths; it consists of the immediate postoperative overgrowth of anaerobic microorganisms. The organisms isolated by the author rather closely resembled the Clostridium perfringens. This would seem to represent the principal factor in the death of the untreated animals and of those treated with the sulfonamides.

The second factor consists of anoxia of the tissues and produces the necroses, cloudy swelling, and edema of the liver parenchyma which is observed in the later periods in the animals which do not die at once. The changes may be diffuse or they may be of a more localized character, with attempts of the organ to delimit the processes at work (proliferation and invasive ingrowth of the connective tissue stroma). These changes seem to be unaffected by the antibiotic therapy.

The third factor is represented by the attempt of the liver to gain a blood supply through the col-

Plasma Cholinesterase Activity in Liver Disease: Its Value as a Diagnostic Test of Liver Function Compared with Flocculation Tests and Plasma Protein Determinations. ANDREW WILSON, R. J. CALVERT, and H. GEOHEGAN. *J. Clin. Invest.*, 1952, 31: 815.

The plasma cholinesterase activity of 100 normal subjects, 44 convalescent hospital patients with no history or clinical evidence of liver disease, and 33 patients with liver disease was studied. It was shown that, compared with normal subjects and convalescent patients, there is a significant difference in the plasma cholinesterase activity of patients with liver disease.

Values for plasma cholinesterase activity lower than 936 ($ulCO_2$/ml./hr.) are regarded as being abnormal.

The results of plasma cholinesterase determinations were compared with those of flocculation tests and of plasma albumin and globulin estimations in 15 patients with acute, 4 patients with subacute, and 14 patients with chronic liver disease, and in 10 patients with extrahepatic biliary obstruction. In patients with severe acute and subacute liver disease, low plasma cholinesterase values provide confirmatory evidence of considerable impairment of liver function. In patients recovering from acute and subacute liver disease, estimations of plasma cholinesterase activity afford an immediate useful prognostic indication of the recovery of function of the liver, since the plasma cholinesterase level returns to within normal limits in advance of the flocculation tests.

In patients with chronic liver disease, in whom the flocculation tests are sometimes normal, plasma cholinesterase and albumin levels are usually lower than normal. This evidence, however, does not appear to discriminate between cirrhosis and malignant disease of the liver.

Normal values for plasma cholinesterase activity were usually observed in patients with extrahepatic biliary obstruction of short duration; low values occur, however, during attacks of cholangiohepatitis and in patients with malignant disease and prolonged obstruction. In the differential diagnosis of jaundice, the results of this test are less precise than those of the flocculation tests in defining an extrahepatic cause for the jaundice, but when taken in conjunction with the flocculation tests they provide reliable information regarding impairment of liver function. FREDERICK W. PRESTON, M.D.

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The most common cause of jaundice is virus hepatitis, but the most common cause of jaundice in disease of the biliary tract is a stone in the common duct. If jaundice is caused by a stone in the common duct and the patient is seen early before liver disease is produced, results of liver function tests are almost invariably negative, although the alkaline phosphatase test is usually positive (above 10 if the jaundice is of the obstructive type). The thymol turbidity and the cephalin flocculation tests are positive in cases of virus hepatitis in most instances. About 80 per cent of the patients with a stone in the common duct have pain. Blockage of the common duct by a stone is usually intermittent but occasionally may be complete for weeks. If pain is very severe, one can usually exclude virus hepatitis and the early stage of carcinoma of the pancreas. If the stools are intermittently acholic, one can usually exclude carcinoma of the head of the pancreas because in that disease the stools remain acholic once they have become so.

Jaundice and disease of the biliary tract are not often associated with stones in the common duct. In 110 cases of jaundice associated with biliary tract disease, Gaster noted an indication for exploration of the common duct in only 61 per cent of the patients; stones were found in only 49 per cent of these cases.

If a surgeon finds a hard mass in the region of the terminal end of the common duct, it is helpful diagnostically to puncture this mass with a hypodermic needle. If the mass is a stone lodged in the pancreatic portion of the common duct, the needle will, of course, meet with complete resistance. If the mass is a tumor, the needle will penetrate it. As it does so, one may feel a grating sensation if the mass is cancer. The author has found this diagnostic puncture very helpful in differentiating stone from tumor or pancreatic nodule.

If the jaundice is obstructive in type, it will be necessary to open the common duct in almost every case and explore it for stones. If after removal of all stones the duct is still obstructed so that the lead probe will not pass through the sphincter of Oddi into the duodenum, it will be necessary to open the duodenum and inspect the duodenal papilla. If a tumor mass is present at the ampulla of Vater, there is a strong probability that it is malignant. Radical resection will be indicated for cancer of the ampulla because the 5-year survival in cases of this type of tumor is fairly good. Frozen sections are not satis-

patient is first seen more than 48 hours after onset of the attack, the author considers immediate cholecystectomy undesirable because inflammation may have progressed so far that cholecystectomy may be difficult and hard on the patient. If the conservative attitude is adopted, certain precautions should be taken. If the pain does not subside within a few hours after the institution of bed rest, if the pulse rate increases, if muscle spasm remains or develops, or if fever persists or develops, there is indication that perforation is pending and an emergency operation is usually advisable. If the acute attack subsides readily, it is usually desirable to wait 4 to 6 weeks before doing cholecystectomy. Regardless of the choice of time for operation, it must be remembered that stones are present in the common duct in 4 to 5 per cent of the patients with acute cholecystitis; their removal is strongly indicated unless the patient's condition becomes so critical on the operating table that the additional operating time threatens life.

It is the author's opinion that any patient under 45 years of age with an average life expectancy and silent stones, should be subjected to cholecystectomy for removal of the stones. In 1 or 2 per cent of the patients, gallbladder disease may exist despite a normal cholecystogram. A cholecystectomy may relieve all symptoms. In general, one should be influenced by the symptoms. If they are severe and typical of gallbladder disease, then operation is justifiable. In such cases it is usually advisable to remove the gallbladder even though it appears fairly normal. Fortunately, this group of patients is small, but the decision as to advisability of operation will often be difficult to make.

The indications for opening the common duct are as follows: (1) palpable stone, (2) dilated duct, (3) thickened wall of the duct, (4) gallbladder with small stones and large cystic duct, and (5) history of jaundice with pain.

In the series of 211 consecutive cholecystectomies at the Illinois Research Hospital in Chicago, the common duct was opened in 19 per cent of the cases and stones were found in 61 per cent of the group in which exploration was done. In follow-up studies the author and his associates encountered few stones in the common duct, which were not explored, but they encountered two or three recently in patients in whom stones were missed during exploration of the common duct. A cholangiogram cannot be considered entirely accurate in diagnosing stones.

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The cause of the [p] may be difficult t[o] eliminate the possi[b] biliary tract may be[,] denal ulcer, gastric [u] tion, arthritis of the [h] psychoneurosis are [m] bladder disease. N[o] group is psychoneur[o] difficult to different[i] Diagnostic paravert[e] such cases insofar as [t] chloride should relie[v] isotonic sodium chlo[r] true postcholecystec[t] to lesions primarily [i] cause persistent sym[p] duct is perhaps the m[o] symptoms after cho[l]